



Maine Department of Health and Human Services

Private Non-Medical Institutions (PNMI)

Presentation to MaineCare Advisory Committee

July 10, 2012

<http://maine.gov/dhhs/oms/provider/pnmi.html>

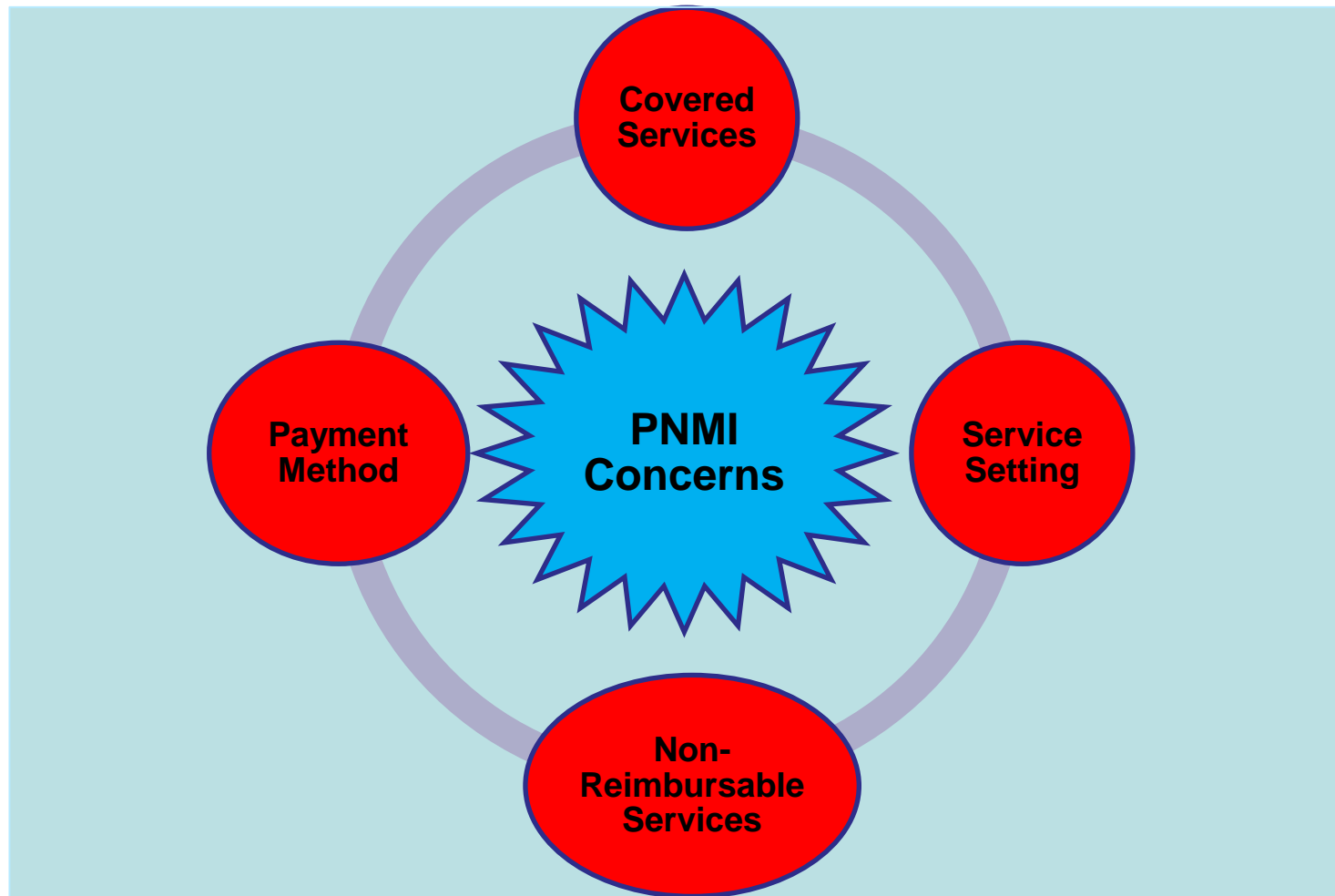
What are Private Non-Medical Institution (PNMI) Services?

- PNMI is Medically Necessary Residential Treatment for Differing MaineCare Eligible Populations.
- Services are Described in: MaineCare Benefits Manual, Section 97,
 - Chapter II (Coverage), and
 - Chapter III (Reimbursement) and:
 - » Appendix B: Substance Abuse Facilities
 - » Appendix C: Case Mix Facilities
 - » Appendix D: Child Care Facilities
 - » Appendix E: Community Residences for Persons With Mental Illness
 - » Appendix F: Non-Case Mixed Medical and Remedial Facilities
- Additional Division of Licensing and Regulatory Services Rules also Regulate Providers.



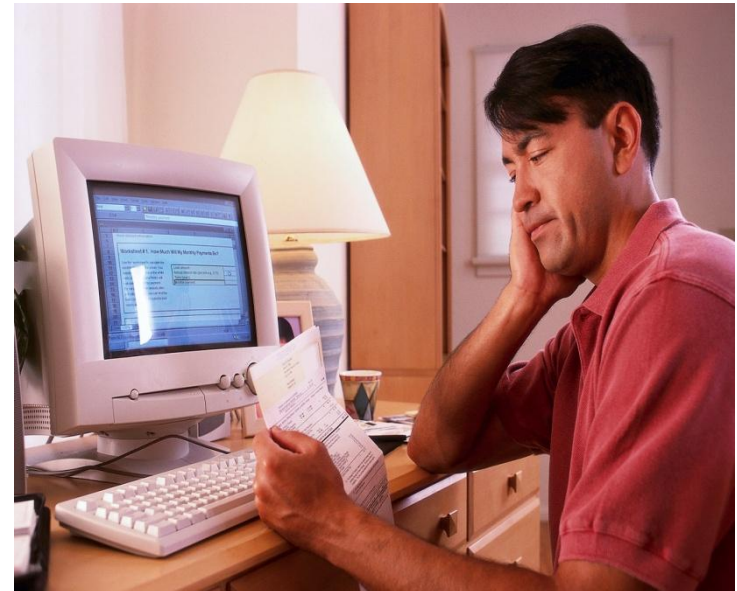
Summary of PNMI Concerns Addressed

- Concerns summarized from a variety of CMS sources including Requests for Additional Information, Bundled Rates Corrective Action Plan Letter, and various related conference calls and emails.



Payment Methodology Concerns Addressed

- Bundled Rates/Documentation of Services
- Excessive Rates? (Compared to NF, hospital, ICF-MR)
- Payments Must be Made Directly to Enrolled Providers (No Reassignment)
- Non-Risk Contract Provisions Required (Managed Care Waiver)



Service Setting Concerns Addressed

- IMD setting
- Community Based Services Must Not be Provided in “Institutional” or Facility-Based Settings
- Attention to Olmstead Provisions for Least Restrictive Setting



Service Concerns Addressed

- Consumer Choice of Providers
- Comparability of Services/Statewideness
- Comparably Qualified Providers
- Assurance of Non-Duplication of Services



Concerns About Non-Reimbursable Services

- Habilitative Services must be reimbursed only in a 1915(i) SPA or HCBS waiver.
- Supervision/Monitoring of Safety and Well-Being Must be Reimbursed only in a 1915(i) SPA or HCBS waiver
- Room and Board are not reimbursable in this setting.



DHHS Steps to Seek Stakeholder Input

- ✓ In October 2011, DHHS hosted a Statewide Forum at the Augusta Civic Center.
- ✓ In November 2011, DHHS hosted PNMI six statewide regional Provider Forums to interactively discuss and brainstorm potential resolutions with providers and the public. Forums were at:

November 7	Augusta
November 8	Presque Isle
November 9	Bangor
November 10	Rockland
November 17	Lewiston
November 18	Saco

- ✓ Stakeholder groups were convened for each type of PNMI. Notes from meetings are at:
<http://maine.gov/dhhs/oms/provider/pnmi.html>



- ✓ Regular updates provided to Maine Legislature
- ✓ (Health and Human Services and Appropriations Committees)
- ✓ PNMI Advisory Council will be Convened in June/July

IMD Analysis

- CMS Letter Received
 - August 9, 2011
- MaineCare Providers Notified of IMD Survey
 - September 1, 2011
- DHHS Program Staff IMD Analysis Initiated
 - March, 2012
- Extension Request Approved until
 - November 7, 2012
- Appendix C providers notified of Necessary Resident Level Analysis
 - April, 2012



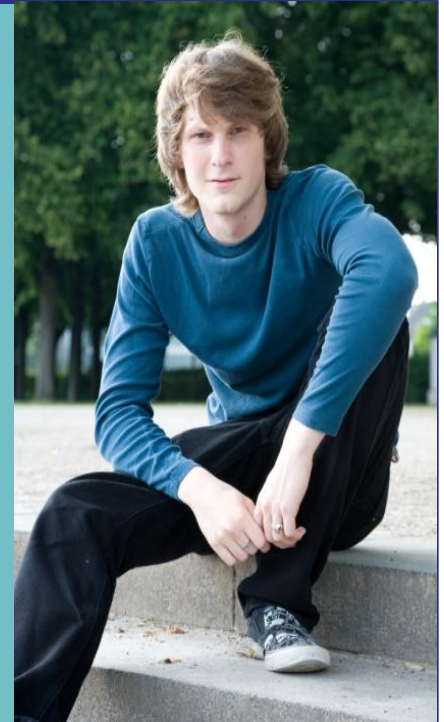
Substance Abuse Treatment Model

-Discussion of Next Steps for Treatment Model-

- **Unbundle State Plan Services** to show comparability with other community based services including:

- Substance Abuse/Mental Health Counseling
- Psychiatry
- Personal Care/Nursing
- Case Management
- Medication Assessment/Management
- Short Term stabilization

- **Apply for 1915(i) SPA** for some additional Service Components as a Wrap-around.



Long Term Care Services

-Discussion of Next Steps for Treatment Model-

Shortest Term:

- **Unbundle traditional State Plan Services**
- **Utilize Existing PNMI Settings (Personal Care Homes)**
- **Expand Use of Adult Family Care Homes**
- **Utilize Existing NFs by Converting Beds:**
 - Convert some PNMI Dementia Units to NF Level
 - Convert some Multi-level PNMI/NF to NF Level
- **Broaden/Adjust NF Medical Eligibility**

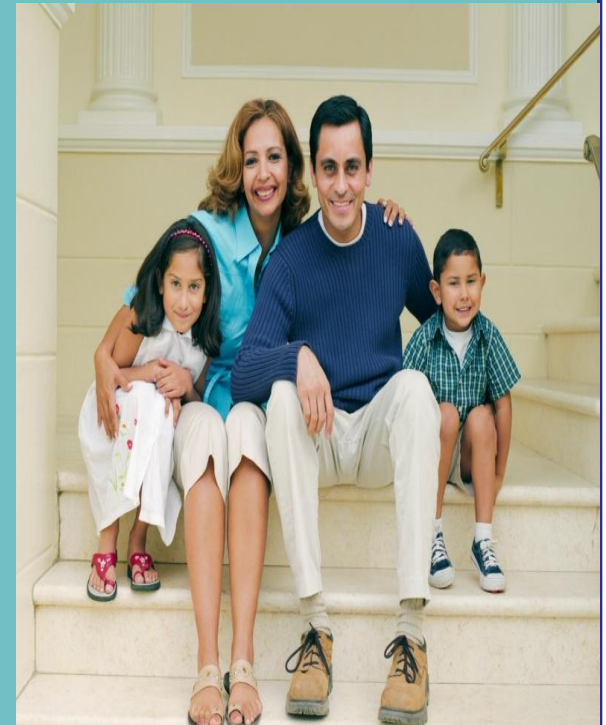
Longer Term:

- **Develop Additional HCBS Options:**
 - Apply for 1915(i) SPA
 - Expand HCBS Waivers and Apply for Assisted Living Waiver
 - Submit PACE SPA and Develop PACE Programs
- **Rebalance Number of NF Beds as Community Options Developed**



-Discussion of Next Steps-

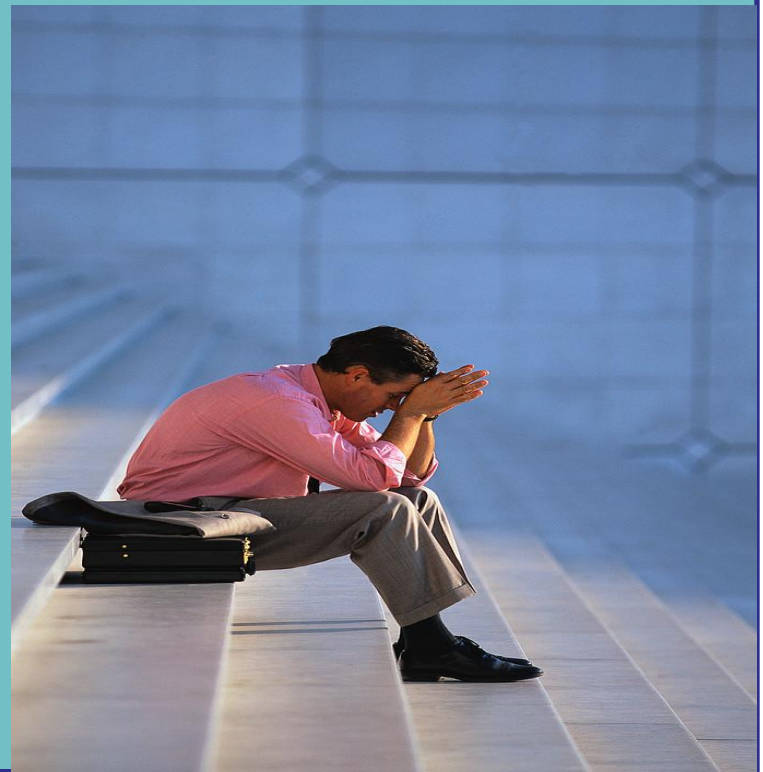
- **Unbundle Services:** Emphasis on Current State Plan and EPSDT Required Services
- **Apply for 1915(i) SPA** For Additional Services
- **Amend or Apply for new HCBS Waivers:** to Include Children with Behavioral Health Diagnosis
- **Analyze PRTF:** Small Number of Children requiring this Intensive Level, need to Determine if Numbers Feasible for In-state PRTF Used for Short Term Stabilization.



Discussion of Next Steps-

Appendix E- Community Residences for Members with Mental Illness

- **Unbundle Services:** Emphasis on Current State Plan Services, Comparability for Eligibility and Qualified Staff
- **Apply for 1915(i) SPA** for Additional Habilitative Services



-Discussion of Next Steps-

- **“Unbundle” Services:** Emphasis on Current State Plan Services, Assuring Comparability
- **Apply for 1915(i) SPA** for Additional Habilitative Services
- **Amend/Apply for New HBCB Waivers**
- **Utilize Case Mix Facility** Solutions for Similar Services/Target Groups

